

# **EXHIBIT A**

04/12/2016 10:17AM 2693218952

DIVIDEND MORTGAGE

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**Medical Financial Solutions**  
A Division of ACCRETIVE HEALTH  
PO Box 60871 Kalamazoo, MI 49005  
RETURN SERVICE REQUESTED

☐ Check box if you have made address or insurance corrections on the reverse side.



LEWMAN, ANNA M  
12388 E P AVE  
CLIMAX, MI 49034-9725

DATE 10/12/2015	ACCOUNT NUMBER 0003041240025	AMOUNT \$332.31	
DUE UPON RECEIPT		Indicate Amount Paid \$	

CARD NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

BORGESS HEALTH ALLIANCE (PTPAY)  
PO BOX 773185  
3185 SOLUTIONS CENTER  
CHICAGO, IL 60677-3001

000000012100773185000000000304124002500000332313

DUE DATE UPON RECEIPT	AMOUNT DUE \$332.31	ACCOUNT NUMBER 0003041240025
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Amount Due: \$332.31  
Date of Service: 2016-08-06

Dear LEWMAN, ANNA M,

You have an active balance of \$332.31 with Borgess Medical Center. To assist you in resolving this balance, Borgess Medical Center has sent your account to Medical Financial Solutions. It is very important we hear from you.

The hospital values you as a patient and would like to help you resolve this unpaid balance. If you are unable to remit payment in full at this time, please contact Medical Financial Solutions to discuss resolution options that may be available to you:

- Payment Arrangement
- Apply Insurance
- Financial Assistance

Please call Medical Financial Solutions at (877) 240-6408 or remit payment using the payment coupon above. Our office hours are listed at the bottom of this letter. If payment in full was sent before the date of this letter, please disregard this request and accept our gratitude.

If this balance presents a financial hardship to you or your family, there are programs available to help. Please call the number above to find out more.

Sincerely,

Medical Financial Solutions  
(877) 240-6408

Medical Financial Solutions is a non-credit reporting, third party agency. Our company works directly with Borgess Medical Center to ensure your account is protected from moving further into collections.

Inbound and outbound calls may be monitored or recorded for quality purposes.

Unless you notify Medical Financial Solutions within 30 days of receiving this notice that you dispute the validity of the amount owed, or any portion thereof, we will assume the amount owed to be valid. If you notify Medical Financial Solutions in writing within the 30-day period that you are disputing this amount owed, we will provide you with verification of your outstanding balance via U.S. mail service.

Medical Financial Solutions

Office Hours (EST): Mon. to Thurs. 8:00am to 9:00pm; Fri 8:00am to 4:30pm; Sat 10:00am to 2:00pm  
Send Correspondence to: PO Box 60871, Kalamazoo, MI 49005

*Called  
Dec 3, 2015  
anna  
12/3/2015  
2:48 pm  
Decision  
Submitted Dis  
11/3*

*for August  
by Angela Anderson  
Call in 7 days*